

## HIV Planning Steering Group (HPSG) March 21 Agenda

**Location:** Washington State Department of Health; 20425 72nd Ave S, Room 309; Kent, Washington 98032

**Date/Time:** March 21, 2019; 10:00am – 3:00pm

Estimated Time	Section Topics for Discussion	Section Objective
10:00am – 10:10am	<p><b>I. Welcome/Housekeeping/Announcements/Introductions (10 minutes)</b></p> <p>a. Introductions- Introduce new members – Jasmine new Chair George Fine – Kitsap Public Health, Peer navigator, long-term survivor, long time WW resident. Joined to bring thoughts and concerns from the community and share information back. Hadija Mohamed – PCAF, work with foreign born clients, want to be part of the solution.</p> <p>b. Agenda Review with Action – Motion: Second</p> <p>c. Minutes with Action – Motion: Joe Second Scott</p>	<p><i>Provide Information</i> <i>Approve Agenda</i> <i>Approve Minutes</i></p>
10:10am – 10:20am	<p><b>II. Updates &amp; Discussions (10 minutes)</b></p> <p>a. 10:10-10:20 - Secretary John Weisman update – PACHA (He will call into the meeting)</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>John thanked the group for their work and the time and dedication for doing this work.</li> <li>PACHA Brief – History of the council who advises the president and HHS, group was disbanded in Dec 2017 and the group is back and running. John is co-chair and presidential address to end AIDS and bringing these issues across the country.</li> <li>Starts with areas of the country where communities have over 50% of new diagnosis 48 counties and District of Columbia and San Juan in PR.</li> <li>Rural aspects of the epidemic and addressing social determinants of health...mostly southern states.</li> <li>John agreed to get involved because his time with ASTHO and meeting with the new CDC director and (Dr. Redfield) in caring about the issue and acknowledgment of transgender issues. CDC, HRRS&lt; HIS&lt; NIH, and other folks coming together and working across agencies to address this issue.</li> <li>PACHA met last week and spent a great deal of time hearing from agency heads and about their commitment to end the epidemic and the work that they are doing.</li> <li>Focus on treatment and prevention and understanding have to address stigma, SDH, racism, discrimination, housing, and employment issues.</li> <li>National HIV and Viral Hep Strategy</li> <li>Charge – to give input and recommendations and to help identify how to reach those that need intervention and prevention and how to reach communities. Want to be community driven. Whole system</li> <li>Additional members, more women, more women with HIV, more transgender representation and <u>will be looking to HPSG for ideas on who is needed to add to the group.</u></li> <li>July is the next meeting – Work on global infrastructure, stigma and disparities, and national AID strategy and ending the epidemic. Looking to get into the communities and out of DC.</li> <li>Look forward to working with the group. People can reach out to John <a href="mailto:jmwiesman@doh.wa.gov">jmwiesman@doh.wa.gov</a></li> </ul>	<p><i>Obtain additional members for MC</i></p>

	<p><b>HPSG – Convo/Questions</b></p> <ul style="list-style-type: none"> <li>• Scott – Appreciate comments regarding national level considerations for engaging communities – SB House 1551 what were some of the considerations as to why it didn't get to debate? J – All disappointed that it didn't make it to the floor, issue really came down to decrim and that the prosecuting attorneys couldn't get past the misdemeanor and that it would be considerable time on the floor debating and it was a stumbling block. Need to reassess where we are and what the next strategies are. Beth – we have a considerable amount of education to do with our legislative partners and a strategy for how to move forward. Scott- believes it's parts of the issues...prosecutors don't make law, legislators do and there are some things that could have gone better between OID, DOH and the community to move the bill forward. Unfortunate that things that needed to get passed didn't because of time.</li> <li>• First year that bill introduced and most bills take more than one year for bills to go through – provided example of T21 and 5 years working on that leg package</li> <li>• Jason – Intersection between communities impacted by HIV and HepC and integration – are there plans for PACHA to add members with HepC focus. J – Encourage have the community make the intersectionality and make the case, but the plans are going to be separate and a third for STD, but acknowledge that the plans have to work together. PACHA focus in mainly on HIV.</li> <li>• No public comment or questions.</li> <li>• John made note to Beth to identify how to continue to works</li> </ul> <p><b>HPSG Conversation</b></p> <p>Scott – Next moving forward, what is DOHs (not OID) vested interest in moving forward with another bill? Beth -Hard to answer question as we haven't had a chance to sit down and talk about it and what the plan is. IF we talk about the bill in 2 parts, the department is clearly going to need the public health related sections need work and clean up. Less informed on the decrim and where some real conversation and before we as the department, we need to sit and talk about what we can do differently.</p> <p>Scott – Was there any ask by DOH to hold the bill? B – Staff can't call legislators directly, constituents can. But there was nothing done by the department to withhold the bill. We may be able to get clearer at a later time.</p> <p>Some perception the both John and the Governor were absent around the bill and their silence squashed it. From the community side optics. Lack of visibility by leadership.</p>	
<b>10:20am -10:25 am Public Comment (5 minutes) Comments:</b>		<b>Receive Public Comment</b>
<b>10:25am – 12:00pm</b>	<p><b>III . Membership Committee – updates, recruitment, volunteers (Scott/Melissa) (10 minutes)</b></p> <p>Notes: The committee is important and it's not just meeting the people who are interested, but identifying where those voices come from. In need of more members. Gives the opportunity to learn more about HPSG and the people we serve. Commitment – few hours every other week and emails – going over applications and calling applicants and what we are looking for.</p> <p>Lauren – Remind folks that part of being on HPSG is to be on committees and help were needed.</p> <p>Contact Melissa if you would like to be on membership</p> <p><b>IV. HPSG Moving Forward (Jasmine) (20 Minutes)</b></p> <p>Notes: First meeting as community co-chair. Executive committee</p> <ol style="list-style-type: none"> <li>1. Looking ways to elevate community voice – bring in folks from agencies that DOH funds and learn about what they are doing.</li> </ol>	<p><i>Updates</i></p> <p><i>New Plan of Action</i></p> <p><i>Informational session</i></p>

	<p>2. Opportunities for members to invite people to present that think would be beneficial. Contact the executive committee</p> <p>Comments:</p> <p>V. National HIV Behavioral Survey (Sara Glick @ UW) (60 minutes)</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Happening in King and Snohomish County, 18+, can complete interview in English or Spanish.</li> <li>Why MSM is venue based and not other groups– Other populations tend to harder to reach. Aware that missing a lot of people</li> <li>Do you go to churches or other faith based organizations for people of color?</li> <li>Venue based sampling – at larger campsites for recruiting for the survey.</li> <li>Method – What are the STD screening –urine and testing for chlamydia, gonorrhea – these are self-collected, syphilis collected with the blood sample</li> <li>Referral –HIV testing and they are positive when there are new positives are given a menu of options – piece of paper, can make the call, people can provide their contact information and it’s taken to Harborview STD clinic and DIS works with the person. They can also walk with a person to and STD clinic.</li> <li>Are interviews English only? Offered in English and Spanish</li> <li>Interviews take about an hour.</li> <li>WES = Women who Exchange Sex</li> <li>Questions about duplicative surveys – have method for trying to remove those, but there are some that get through.</li> <li>Folks who participate are compensated \$50 for the survey and \$25 for each referral.</li> <li>Have worked with HEP for connection with Hep C Screening and access to care.</li> <li>Comment trans men appear to be excluded from everything.</li> <li>The team feels really strongly that trans men are excluded. CDC is entity that is creating the survey.</li> <li>Local data is not transmitted to CDC.</li> <li></li> </ul>	
<p><b>NOTE: Public Comment will be included during each section discussion</b> Comments: <b>Receive Public Comment</b></p>		
<p>12:00pm - 12:30pm (break) Working Lunch Obtain food (and eat)</p>		
<p>12:30pm – 2:50pm</p>	<p>VI. PrEP Expansion Salon (Jon Downs and Bryan Bautista) (60 minutes)</p> <p>Jon Presentation</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Agency priority and met the 42% goal based on preliminary survey data.</li> <li>Prevention works best when targeted to target population.</li> <li>Foreign born being reported as new when maybe were diagnosed in home country</li> <li>18% of people using PrEP are enrolled in PrEP DAP</li> <li>PrEP Dap not represented of all users. PrEP DAP data is not PrEP used data.</li> </ul> <p>Questions</p> <ul style="list-style-type: none"> <li>Are we doing anything specific to target women for PrEP use? – Short answer not aware of any at this time.</li> <li>PrEP is available to minors with parental consent?</li> <li>Are there documents for how to get access to PrEP for youth? – No, but something we could thing about and the best way to craft something for specific target populations. How to document for parental consent.</li> <li>Why is parental consent required? Current law does not include HIV prevention because it’s not considered an STD. Some states have laws or other things that are more flexible.</li> <li>Request for DOH or a local org to create a document for provider use around</li> </ul>	<p>Informational session</p> <p>National and State Initiatives</p>

PrEP DAP enrollment especially for youth – could language from family planning apply to PrEP services regarding communication.

- Gilead Co-pay assistance is available for under 18 meeting insurance criteria, not helpful if you're a youth and don't want to use your insurance.

Brian Presentation:

Notes:

- Large impact with foreign born black or Hispanic – May have already been living with HIV and known or have come to the US and received access to treatment for HIV
- Late diagnosis is HIV and AIDS in the same calendar year.
- Linkage – lab tests within 30 days of diagnosis. CD4 and viral load.

Questions:

- MAI – work with other providers – PCAF, CHC...which areas need the most help?
- Finding clients who are out of care and getting them reconnected.
- Some counties can get rural very quickly and access to care decreases. The opioid epidemic also has an effect on the work that is done. As society is becoming more liberal finding the need for more services in rural communities is increasing as more people are coming out.
- Rural county health department really rely on DOH to help with DIS work...they may only have one public health nurse for multiple conditions. Have to network and connect with local providers and community resources.

## VII. Legislative Updates (15 minutes)

### a. HB 1551 – (Beth)

Notes: Beth provided brief description of the bill.

Bill died this session, future unsure...not anticipating any discussion about what happened until the end of session in April.

- This is a budget year and may need to do a short extension... Options: Provide feedback on how the process went or can reach out to Secretary Wiesman or do both.
- Other states are running bills that address decrim, some still alive, some pending, some dead.

Discussion

- Lauren – community is having convos about next steps. Issues in how we can work with DOH, is that there is a very regimented process and hierarchy that isn't transparent. Does not fit with her idea of what collaboration is and makes it difficult to have a relationship. Struggling for how to make this an ongoing collaborative relationship with everyone working together. Should be starting to have those education moments now and while session is out. Communities to start that work and be ready to talk when DOH was ready.
- Question...was the defelonization the big issue.
- Comment – the stigma and fear about HIV and living with HIV...the impact of stigma is very real and contributed to the death of the bill.
- Joe – Not if, but when the bill is looked at again, an email was sent to have people contact their legislators. Can something that is user friendly be sent out for people to contact their reps for education and to provide support.
- Is there an opportunity to include community in the conversations when providing education to groups such as the prosecutors association?
- Lauren – Having a conversation later with the ED to provide education
- Eric – What was missing, there was no AIDS action day or a presence during session – lobbying and advocacy was very passive. Need to mobilize the community more and how to make that happen during the next session.
- Beth – We can quickly be dismissed as an agency. People living with HIV can

not be as easily dismissed. The community is much more meaningful and makes a difference.

- Lauren – The voices of the positive people are so important and conversations with legislators can happen outside of session that need to be organized as well. The full throated support of DOH at the table is essential, even if only happened just once.
- Adrian – How do we use our frustration to make something positive happen? How do we find the right people to educate? We rely too much on people who have power...we need to be present to be seen as faces of the community. AIDS walk, World AIDS Day, etc
- Bryan B – The engagement piece wasn't seen and what the landscape of services in Washington look like.
- Eric – there are ways DOH can support community activities that doesn't cross the line of lobbying.
- Kathy – Are there groups that could take on some of the advocacy work. Beth – there are national groups, but need to be translated in the local voice to have more meaning.
- The defenders association is interesting in providing support.
- Need to build on the relationships and new found allies that were identified during this attempt for future success.
- Analysis of the cultural and ethnic disparities...partnerships with communities of color.
- Jsani – need a list of options moving forward...timelines, tasks, and who is taking on those tasks.

Anyone taken the opportunity to talk with rep?

- Lauren – other meetings planned after session
- Eric – Yes very disappointed and brief convo about talking for next year after session.
- Funding for community engagement, DOH can only go so far and how to me strategic. Is there a way to do a budgetary ask for what it would cost to engage groups in the state.
- Joe – Spokane AIDS network is still a 501c3 but no brick and mortar presence...organizations used to fund people to go to lobby days.
- George (not Fine) – Approach the AIDS Foundation for funding for community engagement.
- Building relationship with agencies or companies that could take some of the work on.
- The process of putting forth agency request legislation is different than supporting something that comes from the community. They dynamics of flexibility and hierarchy change a lot. Acknowledge the loss of missed opportunity.

Proposed to keep this as a standing agenda item.

**b. Other Legislative updates - (Scott)**

Notes:

- Tabled

**VIII. Co-Pay Accumulator Calculator and Short Term Insurance Plan (Scott)  
(30 minutes)**

Notes: Tabled, Scott has to leave early

**IX. Discuss President's strategy to end AIDS by 2030 and budget (Beth) (25 minutes)**

Notes:

- Plan for America hand out
- ETHE2030 – Getting to Zero, Ending the Epidemic

	<ul style="list-style-type: none"> <li>• What this is - Presidents budget 291million new dollars to 48 jurisdictions in the US that comprise 50% of new HIV cases.</li> <li>• What it means for our state – King County is the only county to receive funds in Washington State</li> <li>• Never seen the key organizations and their lead administrators in a room at one time who meet on a regular basis on a single plan.</li> <li>• Not sure what the money is going to do, but if the money is received it can have a major impact.</li> <li>• Complication – has to be approved by congress</li> <li>• Have already determined how money would be distributed if the full 291 Million is approved. Only those 48 jurisdictions are eligible to able.</li> <li>• DOH may have to be a pass through for King County.</li> <li>• 30 million in Minority AIDS through the office of minority health at hhs. Planning dollars. King County would be eligible to those dollars.</li> <li>• May have multiple opportunities for funding – King County All</li> <li>• Hopefully have dollars ready by September.</li> <li>• Have to have a plan for how to spend the money. Conversation with HPSG and King County from a learning standpoint</li> <li>• This will have an impact on how we do business around these measures.</li> <li>• Linkage to care in 30 days is an example of one benchmark</li> <li>• 75% reduction of new cases – goal</li> <li>• We have to keep steady what we are doing while working on the areas that need improvement.</li> <li>• Expanded Medicaid has been a benefit that other states may have challenges. The smaller group of people that we still need to reach takes more resources, but we are farther than other states.</li> <li>• The days of giving money without showing improved outcomes is over.</li> <li>• Don't be distracted by the affects to other areas such as HHS, HOPWA, and other things that our folks still need and those will have a more dramatic impact. Concerns about impact to neighboring counties and distribution of resources.</li> </ul> <p>Recommend to be a standard agenda item for ongoing updates.</p> <p><b>X. Integrated Plan update (Vanessa) (10 minutes)</b>  Notes: Required doc for HRSA and CDC – END AIDS WA not required, but the back bone of IP. Current goes through 2021 and requires an update.</p> <ul style="list-style-type: none"> <li>• Progress tracking is indicated by the pink bars over the each activity – not necessarily accurate because some activities don't stop, but they morph and continue on</li> <li>• Homework – what things need to be added, deleted, changed, etc</li> <li>• Doing a tracking sheet for real time info at the office level for tracking.</li> <li>• Bringing the integrated plan in with the HepC free WA. – Have this group help inform the Hep C Free group.</li> <li>• Update to national plans, could be a good crosswalk and indicators of paths.</li> <li>• How is the integrated plan used to make decisions and not knowing what impact it has had.</li> </ul>	
<b>NOTE: Public Comment will be included during each section discussion Comments:</b>		<b>Receive Public Comment</b>
2:50pm – 2:55pm	<b>XI. HPSG Report Outs / Announcements (5 minutes)</b> a. Any HPSG Member Announcements	Provide Information and Receive HPSG Comments and Suggestions
2:55 pm – 3:00pm	<b>Public Comment (5 minutes)</b>	<b>Receive Public Comment</b>

3:00pm	Adjourn	
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Opportunities for public comment are provided at the end of each agenda item for comments related to the item and at the end of the meeting for general comments. HPSG Co-Chairs will ask for a show of hands of people who would like to comment. The Public comment time will be divided equally amongst them.